

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6637

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>1571</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to City Hospital</b>		d. ADDRESS <b>2214a North Market Street.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gilbert</b> b. (Middle) <b>A. Ragsdale</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 15, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 8th, 1902</b>	9. AGE (In years last birthday) <b>47</b> If UNDER 1 YEAR: Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>South West Steel Illinois</b>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>John Ragsdale</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Alene Ragsdale</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>494610-8977</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alene Ragsdale</b> ADDRESS <b>2214a N. Market St</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>External hemorrhage following traumatic amputation right leg suffered when deceased was crushed when stack of sheets of steel shifted in plant of Southwest Steel Supply Co 1443 No 8th St. about 600 pm July 15</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Accident</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1950</b>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Work</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo 69133</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 15 50 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>11</b>
22. I hereby certify that I attended the deceased from <b>19</b> to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>600 P.m.</b> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Walter Ross Deputy Coroner</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>2/17/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 20, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leidner Und. Co.</b> ADDRESS <b>2223 St. Louis Ave</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.